LOS ANGELES COUNTY COMMISSION ON HIV

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PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

February 23, 2010

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Jeffrey Goodman, *Co-Chair*	Kathy Watt, *Co-Chair*	Jeff Bailey	Angela Boger	Jane Nachazel
Robert Butler	Douglas Frye	Robert Boller	Terina Keresoma	Glenda Pinney
Bradley Land	Michael Green	Pamela Chiang	Carlos Vega-Matos	Craig Vincent-Jones
Tonya Washington-Hendricks	Ted Liso	Aaron Fox	Juhua Wu	
	Anna Long	Mickie Robbins	Dave Young	
	Quentin O'Brien	Mark Sanchez		
		Jason Wise		

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4) **Table**: Priorities and Planning Committee Meeting Locations, *1/28/2010*
5) **Spreadsheet**: Grant Year 19 Ryan White Part A & B Expenditures and Single Allocation Model (SAM) Care by Service Categories as of December 31, 2009, *1/25/2010*
6) **Summary Key**: Ryan White Part A/B and SAM Care Expenditures by Service Category, *1/26/2010*
7) **Summary**: Fiscal Year 2011 Priority- and Allocation-Setting Paradigms and Operating Values to be Ratified, *2/23/2010*
8) **PowerPoint**: Residential Care Services: Future Direction, *2/23/2010*
9) **PowerPoint**: HIV/AIDS Mental Health Services, *2/23/2010*

1. **CALL TO ORDER**: Mr. Goodman called the meeting to order at 1:47 pm.

2. **APPROVAL OF AGENDA**:
   MOTION #1: Approve the Agenda Order **(*Postponed*)**.

3. **APPROVAL OF MEETING MINUTES**:
   MOTION #2: Approve the 2/16/2010 and 1/26/2010 Priorities and Planning (P&P) Committee Meeting Minutes **(*Postponed*)**.

4. **PUBLIC COMMENT, NON-AGENDIZED**: There were no comments.

5. **COMMISSION COMMENT, NON-AGENDIZED**: There were no comments.

6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP**: There were no comments.

7. **CO-CHAIRS' REPORT**: Mr. Goodman welcomed Ms. Washington-Hendricks to the Committee.

8. **FY 2009/2010 EXPENDITURES**:
   - Mr. Young said provider reimbursements were delayed this year so the report is not fully updated. There will be an accurate full-year expenditures report in March.

- He noted Part B reflects April through June 2009. These funds were incorporated in the SAM starting 7/1/2009.
- Mr. Vincent-Jones asked about the Case Management, Home-Based allocation. Mr. Vega-Matos said the OAPP allocation is normally $2.1 million with the State adding $3 million in direct provider funding. OAPP added $1 million to its funding after State cuts. The State has since learned it must pay agencies for actual expenditures for 7/1/2009 through either September or October. OAPP will extend the allocation of $3.1 million for the 7/1/2009 to 6/30/2010 year pending the new RFP.

➲ Mr. Vincent-Jones and Mr. Young will discuss how best to identify SAM in the report to clarify that it represents Part B funding. It is the Commission's responsibility to allocate both Part A and B funding.

9. **FY 2010 PRIORITY- AND ALLOCATION-SETTING (P&A)**:
   A. **FY 2011 Paradigms and Operating Values**:
      - Mr. Goodman noted there was no quorum for the 2/16/2010 joint meeting of P&P and SOC. Paradigms and Operating Values were chosen by all present, but could not be voted on. It was planned for each committee to ratify selections at their next meetings. Although P&P did not have a quorum, the selections would still be forwarded to the 3/4/2010 SOC meeting.
      - Mr. Land said, on further consideration, he would like additional paradigms included. He felt the selected paradigms do not reflect some of the concerns raised by the Commission in the new economic climate.
      - Mr. Butler suggested, though P&P has traditionally chosen them, a full Commission discussion could be beneficial.
      - Mr. Vincent-Jones felt it inappropriate to add paradigms after the 2/16/2010 meeting's energetic discussion and decisions. He did not believe it was ethical to add paradigms without re-opening the entire process. A ratification vote is up or down.

      ➲ Agreed, as previously determined, to forward selected Paradigms and Operating Values noted below to the 3/4/2010 SOC for ratification vote. P&P will return to the subject on 3/16/2010 with the results from that vote.

      Paradigms
      - Compassion: Rescuing those who cannot support themselves/assisting the weak/suffering
      - Equity: Relatively equal portions with attention paid to severe need
      - Utilitarianism: Greatest good for the greatest number

      Operating Values
      - Access: Assuring access to the process for all stakeholders and/or constituencies
      - Efficiency: Accomplishing the desired operational outcomes with the least use of resources
      - Quality: The highest level of competence in the decision-making process

10. **SERVICE CATEGORY PRESENTATIONS**:
    A. **Residential Services**:
       - Mr. Vega-Matos said OAPP began a review of Residential Care Services in the summer of 2009. It is key to note that OAPP provides residential care services for those needing care rather than only housing, which is addressed by HOPWA.
       - The Commission and OAPP reviewed many services pursuant to State budget cuts, but this was reviewed later due to its complexity. The review included investment, contracts, services, facilities, care levels and other resources.
       - There is now a $21.8 million investment in housing with $7 million from OAPP and $14.8 million from HOPWA.
       - The largest OAPP investment is in Residential Facilities for the Chronically Ill (RCFCI), nearly $4.9 million, which operates under State Title 22 for those needing substantial assistance with activities of daily living. Adult Residential Facilities (ARF), also under Title 22, is second at $1 million for those more mobile who need some supervision and assistance with independent living skills, e.g., due to a mental health or substance abuse issue.
       - Skilled Nursing Facilities (SNF) receives $583,542 for those who need 24-hour care; Hospice, $70,200; Emergency Housing, up to 30 days, $271,711; and Transitional Housing, up to 120 days, $210,347.
       - Emergency and Transitional contracts sunset 2/28/2010. Providers are developing transition plans for the some 30 clients who receive care at any given time. HOPWA is the major County funder for the services and feels it can meet the need. Providers often have contracts with both OAPP and HOPWA, so those providers can transition their clients in place.
       - Regulations for licensed services were developed when HIV meant progression and mortality. Staffing patterns are not sustainable, e.g. RCFCI, at $147 per day, and ARF, at $130 per day, require 24-hour coverage by an RN, licensed clinicians, CNAs, cooks and so on. Yet, many facilities house people who have improved and returned to work or school. Regulations do not support transition planning or options for providers to charge co-pays for those able to pay.
       - Work on regulatory change is underway but, due to the slow pace of such change, OAPP initiated meetings with providers to discuss service revisions that could be implemented more quickly.
       - ARF is being reconfigured to Transitional ARF (TARF) for clients who do not need nursing care, but benefit from supervision with basic services like room, board and cooking space and linkage to services. Clients must be in care and

have doctor certification of their ability to take medications. Eligibility will require a Karnofsky health function score of 70 to 85, which verifies ability to perform activities of daily living, and a Global Assessment of Functioning (GAF) mental health function score of under 65, which reflects co-occurring disorders like mental health or substance abuse.

- RCFCI will require a Karnofsky score of less than 70. Beds are being reduced from 99 to 80 to reflect actual need.
- Term limits of 24 months, RCFCI, and 12 months, TARF, are being established to help clients stabilize on medication and develop independent living skills to transition to a lower care level. Exemptions to the time limits will be allowed on a case-bay-case basis. The Title 22 age group is 18 to 59. There is a separate State RCFCI for the elderly. Most RCFCI clients are homeless or undocumented immigrants below 59. One RCFCI also serves families with another for mothers with infants. TARF providers must have MOUs with home care for clients with temporary setbacks after discharge. OAPP has six Case Management, Home-Based contracts for such care.
- SNF and Hospice remain the same, but RCFCI providers will now be able to offer Hospice. This will allow them to continue serving RCFCI clients who come to need Hospice services rather than requiring them to move.
- Currently there is one provider for SNF and Hospice. It is at capacity. SNF is the most expensive residential service at $360 per day. Providers are often unable to locate SNF beds. General facilities can be phobic about HIV/AIDS as well as populations like the homeless, immigrants, Medi-Cal clients and the GLBT community.
- Contracts for continuing services will be extended one year with a new RFP expected in March 2010. Reconfiguration will better target care at $5,430,660 saving $1.6 million. OAPP will work with: Commission on standards updates; Commission and the state on regulations update/public policy initiatives; and with HOPWA and case managers to ensure optimal service utilization.
- RCFCI and ARF facilities are in SPAs 2, 4, 6 and 8 with SNF/Hospice in SPA 8. OAPP seeks the best site for a client with attention to other influences, e.g., 25% to 40% of RCFCI and ARF clients need substance abuse and/or mental health services.

➲ Mr. Vega-Matos will report back on efforts to identify new SNF providers.

B. **Mental Health, Psychiatry and Psychotherapy**:

- Mental Health (MH), Psychotherapy is short-term intervention for acute and/or ongoing psychological distress related to HIV diagnosis. Goals are: enhance access to and retention in primary HIV medical care; promote health and quality of life; alleviate or decrease psychological symptoms that can accompany a diagnosis of HIV/AIDS.
- Treatment may be through one-on-one sessions (30,578 hours for 2,824 clients), family/conjoint sessions for clients with a partner or family member (170 hours for 976 clients) and group psychotherapy for clients who share the same issue (389 hours for 2,418 clients). Services include psychiatric referrals, consultation with other providers, resource coordination and follow-up to ensure treatment is appropriate.
- HIV/AIDS psychiatry services (7,287 hours for 1,587 clients) require prescription of psychotropic medications for symptoms and/or illness accompanying HIV/AIDS diagnosis. Services are: ongoing psychiatric evaluations; psychotherapeutic prescriptions, medication monitoring/ follow-up; and primary health care provider consultation.
- Mental Health investments total $3.1 million. For Psychotherapy, about $1.8 million funds 18 Community-Based Organizations (CBOs), with $244,055 funding two County facilities. For Psychiatry, $605,680 funds twelve CBOs, with $435,000 funding four County facilities. Contracts are cost reimbursement, so agencies set their own rates, although OAPP will reject contracts if rates are excessive. Teletherapy was considered and not found useful except in rural settings.
- Psychotherapy challenges are uneven quality, over-reliance on and supervision of interns and ensuring therapy related to HIV/AIDS. OAPP uses Performance-Based Monitoring and is tightening staffing/supervision requirements to enhance care.
- Key Psychiatry challenges are funding to recruit/retain qualified staff and a small pool of staff qualified and/or interested in relevant issues serving the populations in need, such as the homeless and undocumented immigrants.
- Most psychiatrists are now housed in medical outpatient clinics. OAPP is looking at hiring psychiatrists for specific SPAs to increase services. There was such a model some eight years ago, but most eventually moved into CBOs. Mr. Vega-Matos noted that three agencies joined together to hire one psychiatrist for the Meth Project.
- Clients with aggressive presentations may have difficulty accessing care. System-wide, this challenge is addressed with improved training for direct services and agencies' management practices, e.g., front office procedures for assisting such clients. Individual clients unable to access service can contact the Grievance Line.
- LACHNA indicates few clients express a need for services who did not receive them. Case Management also includes a mental health assessment, but some are referred to services and do not go. That is a continuing issue.

- Mr. Vincent-Jones recommended developing a wait list to better evaluate need. Mr. Vega-Matos said OAPP is trying to develop wait lists. Some categories lend themselves to such tracking more than others, e.g., Substance Abuse, Residential. Performance-Based Monitoring also has an "appointment made" screen.
- Despite that, this category has the highest missed appointment percentage, impacting both clients and the efficient use of resources. Ms. Robbins said APLA has emphasized contracts with clients and tracking. Appointments are now kept 83% of the time. County-wide appointments are kept 75% of the time.
- ➲ Mr. Vega-Matos will report back on efforts to leverage funds, e.g., from Proposition 63.
- ➲ Refer restriction on Proposition 63 funds to new programs to Joint Public Policy (JPP) Committee to consider related legal issues.
- ➲ Add Performance-Based Monitoring "appointment made" screen data to SUNAR.

11. P**ROCUREMENT/SOLICITATION PROCESS REFORM**: This item was postponed.

12. **ADVERSITY SECTORS**: This item was postponed.

13. **GEOGRAPHIC ESTIMATE OF NEED FORMULA**: This item was postponed.

14. **HOSPICE SERVICES NEEDS ASSESSMENT**: This item was postponed.

15. **MONITORING GOALS/OBJECTIVES**: This item was postponed.

16. **COMMITTEE WORK PLAN**: This item was postponed.

17. **OTHER STREAMS OF FUNDING**: This item was postponed.

18. **STANDING SUBCOMMITTEES**: This item was postponed.

19. **NEXT STEPS**: There was no additional discussion.

20. **ANNOUNCEMENTS**: Mr. Bailey announced Bienestar and APLA jointly received a 5-year grant from the National AIDS Fund to implement an access to care initiative. Scheduled implementation is 7/1/2010.

21. **ADJOURNMENT**: The meeting was adjourned at 4:10 pm.